PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10724743

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY		
TO	OTAL CLAIMS		2					RATE	FEE	7	RATE	FEE	
FC)R	-	NUMBER FILED .		NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	OTAL CHARGEA	ABLE CLAIMS	1 minus 20=		*			X\$ 9=		OR	X\$18=		
INE	DEPENDENT C	LAIMS	[mi	inus 3 =	*			X43=		OR	X86=		
ML	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		OR	+290=		
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	column 2	i	TOTAL	385	OR	TOTAL		
CLAIMS AS AMENDED - PART II						(0.1.55.0)		OTHER THAN SMALL ENTITY OR SMALL ENTITY					
_		(Column 1)	т	(Colun		(Column 3)) 7 r	SWALL		Un 1	SWALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus ***			=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAI				CLAIM		1	+145=		OR	+290=		
							L				TOTAL		
								TOTAL ADDIT, FEE	:	OR	ADDIT. FEE		
_		, _											
AMENDMENT B		CLAIMS REMAINING AFTER		HIGHE NUME PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
		AMENDMENT		PAID		EXTRA	1		FEE			FEE	
	Total :	*	Minus	**		=] [X\$ 9=		OR	X\$18=		
	Independent	*	Minus *** ATION OF MULTIPLE DEPENDENT		CL AINA	=		X43=		OR	X86=		
J	FINST PRESE	NIATION OF WIL	LIPLE DEF	ENUCINI	CLAIN		1	+145=		OR	+290=		
								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		(Column 1)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	(Colum HIGHE NUMB PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total ·	*	Minus	##		=		X\$ 9=		OR	X\$18=		
	Independent	<u> </u>	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┞			OH			
* H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		ber Previously Paid					r four	nd in the app	ropriate box	in coli	umn 1		